

INSTRUCTIONS FOR REGISTRATION AS A PSYCHOLOGY ASSISTANT USING THE SUPERVISOR REGISTRATION FORM (SRF) IN THIS FILE

WHO SHOULD COMPLETE THIS FORM

Students who have successfully all requirements for the M.A. degree including the defense of the thesis may be certified as psychological assistants upon submission of this form and approval by the Ohio Board of Psychology. Certification as a Psychology Assistant permits the agency to collect fees for your services in some circumstances. Certification may also be useful for intermittent employment while in graduate school.

HOW IS THIS DONE?

Please complete the SRF form that follows this information page according to these instructions:

1. The form must be completed on a typewriter or by **PRINTING** in **BLACK** ink. The Board will not accept blue ink.
2. Please be aware that this is a legal document and that you are responsible for knowing and complying with all regulations concerning Psychology Assistants. You are advised to read the Law and Regulations since they apply to you as a supervised trainee.
3. Complete the form as follows. The numbers refer to item numbers.
 - 1 Supervisee is you
 - 2) Degree is the last degree you earned
 - 5) For **A** indicate your practicum supervisor. You need not list a practicum supervisor if s/he is a full-time member of the faculty **and** your activities are part of a course. Under **B** and **C** indicate your placements or other supervised activities and the supervisors under whose licenses you are being trained. **TYPE THE LICENSE # OF EACH SUPERVISOR AFTER HER/HIS NAME.**
 - 9) Indicate the **TOTAL** number of supervisor hours of individual and group supervision that you will receive from **all** supervisors who are not full time members of the faculty.
 - 11) Fill in the **TOTAL** number of clinical hours you will be putting in each week for **all** clinical activities being supervised by a psychologist.
 - 12) Sign and date the form.

13) Give to DCT

Be sure to make clear to your supervisors that although we are registering you using the SRF as a psychology assistant, they are responsible for informing the Board that you are working under their licenses and that they are also responsible for reporting termination of supervision. SRFs for this purpose may be downloaded from the Board's website.

STATE BOARD of PSYCHOLOGY

77 South High Street - 18th Floor

Columbus OH 43266-0321

(614) 466-8808

Fax (614) 728-7081 Do not use cover sheet!

Use black ink or type.

1) SUPERVISEE

2) DEGREE _____ in _____
PhD MA etc Academic Major

3) SUPERVISEE SS# _____
Voluntary

4) CURRENT TITLE Psychology Assistant
For supervisee titles see rules 4732-13-03 (E)-(J) 9/30/96

SUPERVISEE REGISTRATION FORM (SRF)

6) SUPERVISOR James Overholser, Dir. Clin. Trng.

7) BUSINESS NAME: Department of Psychology
Case Western Reserve University
ADDRESS: Mather Memorial 109
10900 Euclid Ave.
Cleveland, OH 44106-7123
E-MAIL jxo5@po.cwru.edu

SUPERVISEE REGISTRATION FORM (SRF)

Required for all supervisees performing hazardous practices [see OAC rules 4732-13-04 (B)(23) and 4732-5-01 (B)]. Supervisor is limited to four supervisees unless Board approves request for more (on More Than Four form).

5) SUPERVISED WORK is through:
Clinical Psychology Program
BUS. NAME Department of Psychology
Case Western Reserve University

SUPERVISED WORK IS AT:
Program practicum/placement sites
PLACEMENTS & SUPERVISORS LICENSE#
A. Clinical courses, Practica, _____
Focused supervision at CWRU
B.
C.
DEPT. PHONE (216) 368-2686

8) DEGREE Ph.D. in Clinical Psychology
PhD, MA etc Academic Major
BUS. PHONE (215) 368-2695

9) SUP. SESSIONS: hr(s) per week individual
hr(s) per week group

10) SUPERVISED ACTIVITIES: Please state exactly what supervisee is doing, specifying "what restricted services the supervisee will perform" [4732-13-04 (B)(23)], such as psychological psychotherapy, personality assessment, individual intelligence testing, etc.

- (1) This registration of training supervision is to certify this trainee as a "Psychology Assistant"; (2) Brief/long-term/ind./grp./fam./coop. psychotherapy/diagnostic interview; psych. evals.; case mgmt. & case consult.; (3) Diagnostic assessment/formal diagnostic reporting/staff/community C&E/organized training activities.

11) PSY work hrs/wk SUPERVISION from _____
(date) **Notify Board office when supervision ends.**
psy.license@exchange.state.oh.us or (614) 466-8808

13) NATURE of SUPERVISION: Include length of supervision conferences, frequency, supervisor's method of having "direct knowledge of all clients" [OAC rule 4732-13-04 (B)(17)]. Special supervision arrangements of multiple supervisors should be clear to all parties and described here. For training supervision, weekly individual, face-to-face supervision must be at least 5% of weekly client contact time. [4732-13-04 (B)(22)(c)].

- (1) Individual supervision sessions of at least one hour/week; (2) Direct observation of cases and use of audio and video tape review whenever possible; (3) Group case presentation in practice tutorial and focused supervision; (4) Case reviews in seminars; (5) The assigned site supervisor on each practice site will supervise all direct clinical work; (6) This is a central registration process. Each trainee is practicing under the direct supervision of a separate licensed psychologist at their practice site.

Continuing supervision must be confirmed during the biennial renewal process (July-Sept of even-numbered years) by completing supervision section on biennial renewal form. Do not send another Supervisee Registration Form.

We have read and agree to follow current Ohio psychology law [OH Rev Code Chapter 4732] and the Board's rules effective 7/15/00. Pursuant to RC secs 4732.22 (C) and (D) and OAC rules 4732-13-01, -02, -03, -04, we are aware of the legal obligations placed upon the supervisor and the responsibilities of the supervisee. See www.state.oh.us/psy

14) SUPERVISION is:
Work 4732-13-03 (A)(1)
 Training 4732-13-03 (A)(2)
(also see 4732-13-04 (B)(22))
Umbrella 4732-13-03 (A)(3)

15) _____
Signature, Dir. of Clinical Training License # Date
16) _____
Signature of Supervisee Date